REMARKS

Claims 1-16, 20 and 21 are active.

The claims have been amended to remove prevention, essentially and generally for clarity to provide active steps in the method. The support for coronary obstruction or peripheral vasoconstriction in Claims 1, 20 and 21 finds support, e.g., on page 36 of the application.

No new matter is added.

The rejections under 112, second paragraph and 101 (pages 2 and 11-12 of the Action) are no longer applicable in light of the amended claims. Withdrawal of the rejections is requested.

The rejection under 112, first paragraph (written description) is no longer applicable as the term "derivative" has been removed and the nature of the substituents has been clarified. That is, the thienyl or phenyl is each substituted with a phenyl, oxadiazole; or 1 or 2 moieties selected from the group consisting of -NH-CO-R^3, -SO_2-$NR^3R^{3'}$, and –CO-NR^3R^3. The term "essentially" has been removed as well. Withdrawal of the rejection is requested.

The rejection of the claims based on an alleged lack of enablement (see rejection starting at page 5 of the Official Action) is no longer applicable to the claims as presented here.

First, the term "prevention" has been removed from the claims and thus this aspect of the rejection is no longer applicable.

To the remaining parts of the rejection pertaining to the scope of diseases covered by cardiovascular disorders, this is no longer applicable, in part, as the claims treat coronary obstruction or peripheral vasoconstriction (see e.g., page 36 of the application). As to the scope of methylene amide compounds; and the evidence provided in the specification for specific compounds in *in vitro* models of restoring endothelial function in chronic heart failure (see, e.g., page 41 of the application and FIGS. 1 and 2). the claimed methylene amide compounds are reasonably expected to have PTP inhibitory activity (as acknowledged by the Office in the obviousness rejection citing the Liu publication, discussed further below) and that PTP activity is correlated with the treatment of the conditions defined in the claims (see, e.g., pages 1-3 of the present application) supported by the data presented in the application. Thus, while only specific examples of compounds are provided in the specification, this evidence would enable one to practice the claimed method through routine experimentation as the aspects of assessing activity and its effect on the two diseases defined in the claims is the type of experimentation that is routinely undertaken in the pharmaceutical field.

Withdrawal of the rejection is therefore requested.

This application is related to another co-pending application, i.e., U.S. Serial No: 10/501,344. Further, the PCT application of the '344 application is referenced at page 3, last paragraph of the present application. There was also an outstanding Office Action in that '344 application and the claims are rejected based on US Patent No. 6,627,767 ("Liu") and the compounds in Examples 11 and 30.

Somewhat similarly in the present case, the methods of using the methylene derivatives to treat cardiac disease are rejected based on the publication of Liu (US2002/0035136), which is the same as the cited Liu patent in the '344 application. However, as Liu does not discuss the utility of using the methylene compounds for the

treatment of cardiovascular disorders, the Office contends that it would have been obvious to use Liu's compounds based on what is described by Hooft van Huijsduijnen and Sower. That is, Liu describes that the compounds are PTP inhibitors and the secondary references suggest that PTP inhibitor can be used to treat cardiovascular-type disorders (see pages 13-14 of the Official Action).

Liu does not teach the treatment of coronary obstruction or peripheral vasoconstriction nor does the Hooft van Huijsduijnen and Sower publications. Rather, Hooft van Huijsduijnen deals with vascular leakage and Sowers relates to the use of ACE inhibitors to reduce the rate of diabetes in hypertensive patients. Thus, the combination of art does not teach nor suggest using the methylene amides for the treatment of coronary obstruction or peripheral vasoconstriction.

Withdrawal of the rejection is requested.

A Notice of Allowance for all pending claims is also requested.

Respectfully submitted,

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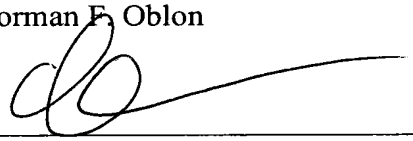

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